FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # S16984

(4)

VENICE INTERCHANGE CORP.

Mailing Address

FILED May 12 1997 8:00am Secretary of State



VENSCE FL 34292				VENICE FL 34292-1582					
						3. Date Incorporated or Qualified 12/01/1990	d 3a. Date of Last Report 05/01/1996		
	Place of Business	2a. Mailing Add	2a. Mailing Address			4. FEI Number	· · · · · · · · · · · · · · · · · · ·	Applied For	
21			26				65-0233350		Not Applicable
Suite, Apt. #. etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22			27	-			Certificate of Status Desired		Required
City & State			City & State				6. Election Campaign Financing	\$5.0	0 May Be
23			28				Trust Fund Contribution Added to Fees		
Zip	· — ·			Zip Country			8. This corporation has liability for intangible tax under s. 199.032,		
24 25			29	15-1			Florida Statutes Yes No		
9, Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent 81 Name			
MILLER, MICHAEL W. 1501 WATERFORD DRIVE					81	Name			İ
			82 Street A			ddress (P.O. Box Number is Not Acceptable)			
AEM	ICE FL 34292			83	ļ				
					84			 - _	o Code
11. Pursuant	to the provisions	of Sections 607.050:	2 and 607.1508, Flor	ida Statutes	the abov	e-named corp	poration submits this statement for the p	urpose of changing	its registered
11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE									
	Signature, typed or prin	ited name of registered age		(NOTE: F		on! signature requi	red when reinstating)	DATE	
12.	I DP	OFFICERS AND		VE (E 1 E	13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC		
TITLE	, -,	IAEL W	וט	DELETE	1.1 TITLE			Change	: Addition
NAME	AFAA MASTOCODO DONT			1.2 NAME					;
STREET ADDRESS	VENICE FL	1.3 STREET						ļi	
CITY-ST-ZIP	VENICE PL	·		CLCTC	1.4 CHY-3	S1 - ZIP			
TITLE	PARRISH, JAY	ME E	F-1 r	ELETE	21 TITLE 22 NAME			Change	Addition (
NAME	1501 WATERF								
STREET ADDRESS	VENICE FL 34			23 STREET ADDRESS					
CITY-ST-ZIP TITLE	TLINUE FL 34			\t+ Γτ¢	2 4 CITY-	S1 - ZIP			
			[]	DELETÉ 31 TITLE				Change	Addition
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STREET ADDRESS					3.3 STREET				
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NAME			۱ لــا		1			Change	LI MOUILION
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NAME					5.2 NAME			□ ouange	L. Rodillott
STREET ADDRESS					5.3 STREET	ADDRESS			İ
CITY-ST-ZIP					5.4 CITY - S				
TITLE	· · · · · · · · · · · · · · · · · · ·			ELFTE	6.1 TITLE	or-dr		Change	Addition
NAME			٥٠	-	6.2 NAME			□1 Quade	L Addition
STREET ADORESS					6.3 STREET	ANDRESS			
CITY-ST-ZIP					6.3 STREET				ľ
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I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this diffusel report or supplemental annual/report is true and accurate and that my signature shall have the same legal effect as if made under oath; that if am an officer or director of the convoration or the receiver or freeded empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607 or on an interpretation of the convoration of the convoration or on an interpretation of the convoration of the convoration or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name